



PTO/SB/22 (12-04)

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|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>62069DIV2(51590) |                         |
| <b>Application Number</b> 10/823,365-Conf. #4859  |   | <b>Filed</b> April 13, 2004                         |                         |
| <b>For</b> TOPICAL ANESTHETIC/OPIOID FORMULATIONS AND USES THEREOF  |   |   |                         |
| <b>Art Unit</b> 1617  |   | <b>Examiner</b> G. W. Mitchell                      |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120   | \$60                    |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))  | \$450   | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020  | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590  | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160  | \$1080                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>47,739</u>   |   |   |                         |
| <u>Amy M. Leahy</u><br>Signature  |   | <u>May 1, 2006</u><br>Date                          |                         |
| <u>Amy M. Leahy</u><br>Typed or printed name  |   | <u>(203) 353-6817</u><br>Telephone Number           |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |   |                         |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted.  |   |                         |

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 1, 2006

Signature: Edith Sillman (Edith Sillman)